

Weaving a Cultural Exchange: Midwives Working Together

by
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(Published in Midwifery Today, January 2000.)

Antigua Guatemala is within one hour's drive from the capital. Set in a valley surrounded by volcanoes and coffee fincas, it is home to Ixmucane, the only midwifery-run women's health clinic offering full scope care. Ixmucane is named for the Mayan Goddess of creation: The grandmother of all grandmothers, midwife of all midwives, vessel maker and altar keeper. We provide full scope midwifery care to women from a variety of socioeconomic and ethnic backgrounds. Our clinic serves barefoot women, wealthy women, Latino and indigenous women, women who are living or working down here temporarily or permanently, from Germany, England, Spain, Belgium, Switzerland, the U.S. In addition to providing midwifery care we have apprentice and volunteer programs and are working with the local traditional midwives.

There are alarming differences in maternal mortality rates between developed and developing countries. A woman's risk of dying in childbirth in the U.S. is 1 in 3,700 whereas in Latin America the risk is 1 in 130. (WHO 1997) The majority of women, poor Latinos and indigenous, continue to have little access to medical care. The relatively small percentage of wealthy women are choosing hospital births with doctors and c-section rates are 35%-50% in many hospitals. There is little childbirth activism and very little voice for natural childbirth among educated women. Traditional midwives provide the majority of maternity care and are responsible for 60-75% of all births in Guatemala. They serve a population with chronic health problems, under poor conditions and with limited training and resources. However, in spite of constraints by lack of education and geographical isolation, they do well with what they have.

Training programs have sought to improve the practice of traditional midwifery through the introduction of the bio-medical model of birth. Despite widespread understanding of the need to take culturally based traditional midwifery knowledge and practices into account when designing and conducting training for midwives, most programs fail to do so. Many programs have been ineffective in creating respectful working relationships with midwives, learning first how midwives practice and involving them in incorporating effective evidence-based techniques into their practice. We're committed to strengthening community-based midwifery in Guatemala by working collectively with the traditional midwives, designing a culturally appropriate training

program, improving knowledge and practice, while preserving traditional practices that are helpful and valued. We believe that the midwifery model of care is the superior model for care provided to childbearing women and their families, not just in developed nations, but in developing nations as well.

The goal of culturally sensitive training programs for traditional midwives in developing nations is not to replace traditional midwifery with a bio-medical model, but to foster a respectful relationship that encourages the healthy exchange of ideas between the two models and allows midwives and women the information they need to make their own decisions. This not only can improve training for traditional midwives but can move us closer as midwives the world over, in identifying and articulating what are the essential and universal tenets of midwifery worthy of preservation and replication. We're working to preserve birth's sacred and social context, to reverse the global trend of devaluing traditional systems, and to prevent the natural process of birth from becoming a total medical and technological procedure done to women, while improving maternal outcomes.

Traditional midwifery is grounded in the holistic model viewing childbirth as an essentially normal physiologic process with powerful emotional, physical, cultural and spiritual dimensions. The underlying framework of the midwifery/holistic model is the understanding and value of connection; the understanding of relatedness of the body and mind, mother and infant, midwife and woman, woman and her social context. Traditional midwives have knowledge and skills that are unique and different from the biomedical or "technocratic" model. The unique gifts that traditional midwifery has to offer, unexposed to bio-medicine, is a profound trust and belief in the sacredness of birth and women's power. At the same time, midwives are well aware of their losses and can identify for themselves what they can and can not do. I've been very impressed while working with the midwives, with their eagerness to learn and their courage and dedication in the face of such demanding challenges.

Training programs have sought to improve the practice of traditional midwives through the introduction of the bio-medical model of birth. Despite the widespread understanding of the need to take traditional midwifery knowledge into account when designing and conducting training, most programs fail to do so. Sheila Cominsky's (1977) ethnographic studies in Guatemala, although somewhat dated, offer insights into the ethno-centric attitudes of training programs and reasons why they've failed to change practices or improve outcomes.. Her work suggests that bio-medical training had limited the role of the traditional midwife and that previously held skills and practice (external version, breech birth, use of herbs and position) are being forbidden. Many programs have been ineffective in creating respectful relationships with midwives learning first how midwives practice and involving them in incorporating effective evidence-based techniques into their practices.

Several studies suggest that many obstetrical routines have cultural rather than

medical determinants (Kitzinger 1979, Martin 1987, Rothman 1989, Goer 1995) An independent researcher hired by the World Health Organization to survey routine obstetrical practice concluded that only 10% of all routine obstetrical procedures were scientifically-based (Frazer 1993). Evidence-based practice argues that routine use of obstetric practice reflect cultural preferences, habit and assumption of technical superiority more than unassailable fact. The value of evidence-based practice has been echoed for over fifteen years by the World Health Organization (WHO) in developing scientific studies assessing the trend toward high-tech birth. Under the direction of Marsden Wagner during his position as Officer for Maternal and Child Health for the WHO, several important documents were created providing guidelines to normalize birth, to provide training for midwives, and to stop the use of unnecessary obstetrical procedures.

Robbie Davis-Floyd and Carolyn Sargent's collection of cross-cultural essays: "Childbirth and Authoritative Knowledge," has been an invaluable resource and has provided deeper insights into birth and it's cultural construction and significance. Their work and others' have added to the international debate on the approach to the alarming maternal mortality rates and the role of the midwife. Positions have been polarized between the crisis management exclusive bio-medical approach and the devaluation of traditional and indigenous systems on the one hand, and on the other, the value in exploring traditional knowledge and practice and other ways of knowing and the community health development midwifery model approach, one that foster a "fruitful accommodation of bio-medical and indigenous systems." (Jordan 1978)

Critical issues that need to be addressed relate to the cultural construction and meaning of birth, the importance of well trained and supported community based midwifery, access to health care (including safe abortion services) and a woman's right to control her own body. Economic and social status, education, and access to food and clean water are interwoven and any comprehensive women's health program needs to address all of these issues.

As North American midwives firmly rooted in midwifery philosophy and practice, we view birth as sacred and value the usefulness of evidence-based bio-medical techniques when appropriate. Midwives are uniquely suited to create a fruitful exchange of ideas between cultural birth systems, evaluate practices based on an evidence-based midwifery/holistic model and have a positive impact on international attitudes toward midwives, training and public policy. Our work is guided by the belief that community-based midwifery is essential to the strength and health of women. We're committed to providing quality midwifery care, training of Guatemalan midwives and providing opportunities for North American midwives to apprentice or volunteer. Traditional midwives' practice can be and needs to be improved. Through partnership, within a respectful relationship and within a two-way exchange of ideas and knowledge, we can weave together both traditional midwifery and the appropriate use of evidence based practice within a midwifery model.

Midwives, working together to strengthen each other and make birth safe and sacred for women worldwide.

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